



**James F. Entwistle, US ambassador in DRC (first person on the left),
visits PSI/ASF's stand at FIKIN 2011**

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Quarterly Report
July – September 2011**

**Submitted by:
Population Services International
October 29th, 2011**



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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: July – September 2011 (Q4 FY11)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key success:

1. 12,865,951 male condoms and 425,760 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 49,623 injectables, 838 IUD, 1,602 Cycle Beads and 825 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 21,430 CYPs were generated by the FP products distribution over the quarter.
4. 6,689 Clean Delivery Kits were distributed.

5. 1,015,802 sachets of PUR and 2,309,226 tablets of Aquatabs were distributed, to treat 56,205,020 liters of water.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. As a component of the routine project activities, the sales team created new retail points of sale. This activity was also carried out in rural health zones in Katanga, Kasai Oriental, Kasai Occidental, and Sud-Kivu.

HIV/AIDS/STI

1. During Q4 FY11, the supply of Prudence[®] male condoms and Prudence[®] female condoms was not received in PSI/ASF's main warehouse in Kinshasa. However, 9,497,520 Prudence[®] male condoms and 258,400 Prudence[®] female condoms were shipped to Bas-Congo, Kasai Occidental, Katanga, Sud-Kivu, Province Orientale and Equateur. There are 3,160,352 Prudence[®] male condoms and 222,840 Prudence[®] female condoms remaining at the end of the current reporting period in PSI/ASF's warehouses in the targeted sites.

2. 3,000,000 male condoms were given to the DoD project from the AIDSTAR project stock after USAID/DRC's approval since USAID/DRC supplies condoms for DoD/DRC.

3. The following table highlights the distribution of male condoms by province during Q4 FY11 and the inventory on hand at the end of September 2011:

Male Prudence	Distribution	Stock available, end of September 2011
KINSHASA	4,811,400	0
KATANGA	2,401,844	0
BAS-CONGO	622,755	633,825
SUD-KIVU	1,353,240	120,960
PROVINCE ORIENTALE	169,560	676,800
EQUATEUR	29,700	506,301
KASAI OCCIDENTAL	2,088,752	228,326
KASAI ORIENTAL	1,388,700	994,140
TOTAL	12,865,951	3,160,352

Female Prudence	Distribution	Stock available, end of September 2011
KINSHASA	268,230	131,970
KATANGA	50,400	0
BAS-CONGO	38,400	0
SUD-KIVU	30,240	23,760
PROVINCE ORIENTALE	0	10,800
EQUATEUR	400	10,400
KASAI OCCIDENTAL	18,400	15,600
KASAI ORIENTAL	19,690	30,310
TOTAL	425,760	222,840

4. Based on the market evolution, the need for price adjustment for all the social-marketed products was identified as a priority to assess. PSI/ASF postpones the evaluation of current male condom price and price grid to project year 3 in order to extend to all HIV, FP, MCH and water products.

Family Planning

1. The expansion of the *Confiance* network planned for year 2 was completed by the basic training of three new pharmacy service providers in Kinshasa. This training was jointly conducted with the National Program for Reproductive Health (PNSR).
2. To further assure clients' safety during FP consultations, PSI/ASF distributed FP medical equipment to its network clinics. The materials in the kit include the following items: gynecological bed, examination lamp, bin for disposal of waste generated, IUD and implant's insertion kit, sterilizer (pressure cooker), stainless tray, blood pressure monitor, white jacket and other delivery tools for data collection. Mr. Joshua Karnes, the USAID/DRC Deputy Health Team Leader, and the Kinshasa Province Health Minister attended a ceremony in Masina, Kinshasa, to hand over the equipment to Marie Biamba Mutombo Hospital, one of Kinshasa's *Confiance* network clinics.



The AIDSTAR Chief of Party (right picture, the person at the right) gives the FP equipment and materials (left picture) to the Provincial Health Minister (right picture, the person at the left) during an official ceremony at Marie Biamba Mutombo Hospital, in presence of USAID/DRC representative.

3. During this quarter, the distribution of contraceptive methods was limited to a range of only 4 methods due to the stock out of Duofem and Ovrette, which will be replaced respectively by Combination 3 and Microlut.

Combination 3 has been effectively registered on the list of essential medicines in DRC and obtained its AMM certificate (official authorization for its marketing). PSI/ASF is now awaiting overbranding authorization from the MoH's 3rd Direction. The Microlut registration process is underway under the supervision of Bayer Schering's focal point based in Kinshasa for both forms of the product, specifically the 28-tablet blister packs (available at PSI/ASF) and 35-tablet blister packs (not available, but announced by USAID).

- The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from July to September 2011.

Province	COC	POP	Injectable	IUD	CycleBeads	Jadelle
Kinshasa	0	0	25,373	180	447	261
Katanga	0	0	1,900	125	19	67
Bas-Congo	0	0	6,740	164	544	90
Sud-Kivu	0	0	9,300	293	250	363
Kasaï Occidental	0	0	2,270	6	180	30
Kasaï Oriental	0	0	1,960	18	0	14
Nord-Kivu						
Province Orientale	0	0	620	10	47	0
Equateur	0	0	1,460	42	115	0
Maniema						
TOTAL	0	0	49,623	838	1,602	825

- This quarter, 21,430 CYPs were generated from *Confiance* products: 49,623 3-month injectables, 838 IUD, 1,602 Cycle Beads and 825 *Jadelle*. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among the target group, thus improving the contraceptive prevalence in DRC. It is worth noting that during this quarter PSI/ASF received a donation of 64,680 Petogen from USAID.

Maternal & Child Health

CDK

- At the beginning of the reporting period, a quantity of 7,338 CDKs (*Délivrans*[®]) were in stock. During Q4 FY11, 6,689 CDKs were distributed in the provinces covered by PSI/ASF.
- The following table highlights the distribution of *Délivrans*[®] by province during Q4 FY11, and the inventory on hand at the end of September 2011:

DELIVRANS	Distribution	Stock available, end of September 2011
Kinshasa	47	9,237
Katanga	76	135
Bas-Congo	168	829
Sud-Kivu	1,841	1,659
Nord-Kivu		
Province Orientale	1	149
Equateur		
Kasaï Occidental	3,046	0
Kasaï Oriental	1,510	840
Maniema		
TOTAL	6,689	12,849

DTK

1. PSI/ASF is waiting for the source/origin and pharmaceutical waiver from USAID submitted during Q3 FY11 to begin the production of *Ora-Zinc*® by the selected manufacturer. The registration process and the product distribution launch are delayed until PSI/ASF received the waiver.
2. The DTK providers' training curriculum was designed and developed during Q2 FY11 and presented to the MoH during a workshop in July 2011. Another workshop, with MoH representatives from all DRC provinces, will be held during FY12 for the curriculum approval.

Water and Sanitation

1. From July to September 2011, a total of 1,015,802 sachets of PUR and 2,309,226 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Bas-Congo, Province Orientale, Equateur, Kasaï Occidental and Kasaï Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI/ASF's sale agents created demand and directed populations to existing and new points of sale.
2. 2.2 million sachets of PUR, purchased with P&G funding and cleared during the Q2 period, were tested and shipped to the field. 1,101 were used for testing.
3. 6.6 million Aquatabs tablets were cleared, tested and shipped to the field. In addition, a quantity of 5,969,312 Aquatabs tablets was received during this quarter.
4. During Q4 FY11, 633 new PUR and Aquatabs points of sale were created in the 6 USAID-targeted provinces.
5. The WATSAN marketing plan was completed at the end of July during the STTA provided by the PSI child survival technical team based in Nairobi. It equipped the PSI/ASF team with marketing strategies in order to perform distribution and promotion interventions in the field.

6. The following tables highlight the distribution of products by province during Q4 FY11, and the inventory on hand at the end of September 2011:

PUR	Distribution	Stock available, end of September 2011
Kinshasa	730,080	5,070,241
Katanga	53,187	756,960
Bas-Congo	14,640	139,680
Sud-Kivu	54,805	258,960
Kasaï Occidental	45,442	95,040
Kasai Oriental	60,288	111,444
Province Orientale	42,480	314,976
Equateur	14,880	581,520
Maniema		
TOTAL	1,015,802	7,328,821

AQUATABS	Distribution	Stock available, end of September 2011
Kinshasa	1,612,360	7,127,186
Katanga	46,216	222,720
Bas-Congo	24,896	90,944
Sud-Kivu	87,840	758,517
Kasaï Occidental	59,360	340,768
Kasaï Oriental	52,800	42,952
Province Orientale	45,440	141,816
Equateur	38,0314	635,408
Maniema		
TOTAL	2,309,226	9,360,311

Task 1 Indicators: Situation as of end Q4FY11

	INDICATORS ¹	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	30,712,971	32,654,112	106	Achieved.
2	Number of female condoms distributed through the USG funded social marketing programs	700,000	476,960	68	Late delivery by USAID, in April 2011. Products were ready for distribution (4 months of distribution) only in June 2011 after pretest, packaging and shipment to provinces.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	60,000,000	133,496,590	222.49	A significant amount of POU products were distributed during cholera outbreaks by NGOs (about 50%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	30,000	11,992	40	Insufficient internal funding to produce CDK. Remaining quantities will be distributed in year 3.
6-1	Number of cycles of oral contraceptives (COC) distributed through the USG funded social marketing programs	850,000	399,718	47	Stock out of COC since Q3 FY11 because Duoform stock was completely distributed and its replacement by Combination 3 was pending, waiting for the AMM (now obtained) and the overbranding (process ongoing).
6-2	Number of cycles of oral contraceptives (POP) distributed through the USG funded social marketing programs	150,000	0	0	Stock out of POP since Q4 FY10 because Ovrette stock was completely distributed and its replacement by Microlut is still pending, waiting for the AMM under Bayer's lead.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	200,000	182,040	91	The remaining 9% will be added to year 3 distribution target.
8	Number of IUDs distributed through the USG funded social marketing programs	2,500	3,361	134.44	Achieved.
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	7,510	125.16	Achieved.
10	Number of implants distributed through the USG funded social marketing programs	1,300	1,308	100.61	Achieved.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. Due to the delay in producing the new Prudence[®] male and female condoms TV/radio spots by selected advertising agencies, the existing branded spots were aired on 39 TV and radio channels in USAID-targeted provinces. The advertising agencies are revising the new spots based on feedback from the PSI/ASF marketing team and the recommendations of the communication materials pretest. The new campaigns will be launched in FY12 along with the production of printed materials.

¹ Any missing indicator in the table has no target to be reported for year 2 project.

HIV/AIDS/STI

1. The major accomplishments for Q4 2011 were the signature of collaboration agreements with 10 partner NGOs selected during Q3 FY11 and the increased awareness activities conducted within communities by NGO peer educators trained during the previous quarter. These activities targeted the following groups: youth, police, military, miners, sex workers, and truckers.
2. A portion of the materials related to the advanced-strategy condoms distribution including hats, bags for bikers to carry commodities, bibs for bikers were ordered and delivered during Q3 FY11. The remainder of the material will be delivered at the beginning of Q1 FY12 because of supplier difficulties. They will be promptly shipped to provinces once they are delivered.
3. Behavior change communication activities for both target groups and the general population were scaled up during this quarter.
4. PSI/ASF participated in the GDRC Fair “FIKIN 2011” from August 15th to August 31st, 2011 with the following activities:
 - Raising small groups awareness on HIV prevention
 - Mass awareness campaigns through mobile video
 - Demonstration of male and female condoms use
 - Free distribution of Prudence[®] male and female condoms
5. PSI/ASF completed the production of the first issue of the *100%Jeune* magazine after review and approval from USAID/DRC and MoH.



The front page of the first issue of the 100%Jeune magazine

The first issue had a circulation of 7,000 copies and its main theme was about youth sexuality and abstinence tips.

The distribution will start in early Q1 FY12 in schools and through local NGOs targeting youth with HIV prevention activities.

A large kick-off ceremony is planned during the 2011 World AIDS Day.

Family Planning

1. Thanks to IPC activities conducted with the support of community-based educators, a total of 143,734 persons were reached with the message about the importance of FP on health, the location of service delivery points, the promotion of the hotline for questions related to clients care and the promotion of long-term methods. These activities included not only home visits and educational talks in local communities, but also the celebration of the World Population

Day on July 11th with the theme: “*It is high time to involve men in family planning discussions*”, in coordination with MoH, UNFPA, ABEF, etc.

Number of people reached through FP interpersonal communication, by province
(July-August-September 2011 – Q4 FY11)

Province	Men	Women	Total
Kinshasa	17,562	45,180	62,742
Katanga	4,379	24,187	28,566
Bas-Congo	994	4,080	5,074
Sud-Kivu	626	14,612	15,238
Province Orientale	454	1,564	2,018
Equateur	297	1,911	2,208
Kasaï Occidental	3,984	11,230	15,214
Kasaï Oriental	2,758	9,916	12,674
Total	31,054	112,680	143,734

- The hotline, which aims to improve access to information on FP, reported calls from men, 3,940 calls out of a total of 5,949 calls recorded during the quarter. An analysis of the questions asked revealed that 58% of recorded questions were about FP information (FP advantage, types of methods, users' profile, etc.), 22% of them were concerns about the side effects (rumors, false beliefs), 12% of them were about the location of FP clients support sites and about 8% of them concerned other health areas. The information collected will be used as a basis for the implementation of future IPC activities.

Number of calls received by FP hotline, by province
(July-August-September 2011 – Q4 FY11)

Province	Calls		Total
	Men	Women	
Kinshasa	837	1,109	1,946
Katanga	1,032	199	1,231
Bas-Congo	301	216	517
Sud-Kivu	73	32	105
Nord-Kivu	76	43	119
Province Orientale	209	56	265
Equateur	529	147	676
Kasaï Occidental	277	51	328
Kasaï Oriental	191	62	253
Maniema	98	12	110
Bandundu	315	80	395
Others*	2	2	4
Total	3,940	2,009	5,949

*From two neighboring countries.

3. Counseling sessions, organized for couples or individuals of reproductive age in network clinics, created a framework for conversations on FP, its importance on health and available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 23,322 people benefited from the counseling sessions thanks to FP providers.

Number of people reached through FP counseling visits, by province
(July-August-September 2011 – Q4 FY11)

Province	Men	Women	Total
Kinshasa	1,717	8,641	10,358
Katanga	364	3,028	3,392
Bas-Congo	273	1,782	2,055
Sud-Kivu	65	1,092	1,157
Province Orientale	194	461	655
Equateur	18	16	34
Kasaï Occidental	820	3,249	4,069
Kasaï Oriental	905	697	1,602
Total	4,356	18,966	23,322

4. 7,298 new clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province
(July-August-September 2011 – Q4 FY11)

Province	Q4 FY11	
	Men	Women
Kinshasa	121	627
Katanga	158	781
Bas-Congo	38	339
Sud-Kivu	60	463
Province Orientale	35	268
Equateur	0	1,796
Kasaï Occidental	370	1,439
Kasaï Oriental	122	681
Total per sex	904	6,394
Total	7,298	

5. In the implementation of activities during the July-September 2011 quarter, 15 technical meetings were organized by PSI/ASF's provincial staff with partner pharmacies and clinics to discuss the progress of their activities in terms of success and difficulties faced in providing FP service and products.
6. In order to support communication activities, the clinics continued to play FP spots in their waiting rooms, promoting the adoption of modern and long-term FP methods.

Maternal & Child Health

CDK

The CDK short film for MVU and production of the new posters were completed with local advertizing agencies, and approved by USAID and the MoH during a workshop. The broadcasting of the short film and the distribution of leaflets are scheduled during Q1 FY12 to increase the communication impact and create demand.

DTK

1. The Ora-Zinc[®] communication campaign concept creation is still ongoing. Printed promotional materials and ready-for-diffusion radio/TV spots with a short film for MVU were pretested this quarter. These materials were also presented to and commented on by the MoH during a workshop. Feedback from the MoH and PSI/ASF's key personnel was sent to the advertizing agency. The completion of the campaign creation and the delivery of the Exe-ready-for-use product are scheduled during Q1 FY12. The campaign will not be aired until the delivery of the product in the country, pending the waiver from USAID.
2. The generic "Diarrhea care communication campaign" concept creation, which will lead to the production of providers' flipcharts, radio/TV spot, etc. is under development and will be completed and aired in FY12.

Water and Sanitation

1. A total of 340 interpersonal communication (IPC) sessions were conducted by communication agents in local markets, mobile video units, health clinics (during ante and post-natal sessions), churches and schools; and by community volunteers, with door to door awareness raising activities. A total of 69,658 people, including mothers and caregivers with children under five, students, etc., were reached.
2. Radio and TV spots with messages promoting safe drinking water, hygiene and sanitation were respectively aired 2,029 and 1,099 times through both rural and urban radio stations for behavior change communication and demand creation. In addition, 33 radio talks were organized by PSI/ASF provincial offices.
3. The broadcasting of the PUR children cartoon, produced with P&G funding and approved by the MoH during a workshop held at PSI/ASF's national office, is postponed to December during the Christmas holidays so as to reach as many children as possible. This communication tool will promote both point of use water treatment with PUR and hygiene activities. The existing PUR TV spot was aired during the summer holidays.
4. The PUR, Aquatabs and Hygiene new communication campaigns concept creation are still ongoing. Printed promotional materials and ready-for-diffusion radio/TV spots were pretested. These materials were also presented to and commented on by the MoH during a workshop. Feedback from the MoH and PSI/ASF's key personnel was sent to the advertizing agency. The completion of the campaign creation and the delivery of the Exe-ready-for-use product are scheduled during Q1 FY12. Meanwhile, the existing TV and radio spots were aired so as to maintain behavior change communication and demand creation.

5. There is still a cholera outbreak in Equateur, Bandundu and Kinshasa. It started at the end of Q3 FY11. PSI/ASF, in partnership with the MoH and other partners involved in the WATSAN field (Unicef, MSF, WHO, Red Cross, etc.) conducted outreach activities with the community leaders (churches' leaders, ports' leaders, markets' leaders, etc.) in exposed and affected health zones including Mbandaka (Wangata and Mbandaka Health Zones) and Kinshasa (Maluku 1, Kingabwa, Barumbu, Ngaba, etc.). Cholera prevention messages (hand washing, water treatment before drinking, safe water storage, latrine use and cleaning and other hygienic behaviors) and treatment messages (directing identified and suspected patients to the treatment centers, rehydration, etc.) were selected for and used during awareness activities.

During the upcoming month of October, in partnership with the MoH, PSI/ASF is launching a free distribution campaign of 600,000 sachets of PUR and to heighten awareness in the 2 most affected health zones in Kinshasa, Maluku I and Kingabwa, which account for 60% of the cases. This will be done through a special activity, named "*12 jours avec l'eau potable*" (i.e. 12 days with drinking water), for preventing cholera. All the households will be targeted. Community health workers from the 2 health zones will lead this activity after half-day training.

Task 2 Indicators: Situation as of end Q4FY11

	INDICATORS	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	4,364	16,734	383	Achieved
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	17,717	18,939	106.89	Achieved
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	14,286	31,500	220.49	Achieved
15	Number of targeted condom service outlets	6,000	7,152	119	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	200,000	211,553	105.77	Achieved
17	Number of media outlets including HIV/AIDS messages in their program	48	39	81.25	The gap will be achieved in year 3.
18	Number of media broadcasts that promote responsible sexual behavior	20,160	20,128	99.84	The gap will be achieved in year 3.
19	Number of peer educators who successfully completed an in-service training program	300	300	100	Achieved
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	199	199	100	Achieved
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	68	68	100	Service delivery points sufficiently supplied
22	Numbers of people reached during outreach activities promoting the use of water purifier products	300,000	308,917	102.97	Achieved
24	Numbers of service delivery points for social marketing delivery kits	400	481	120.25	All partners (clinics, pharmacies) in <i>Confiance</i> network sell CDK
25	Percentage of delivery points reporting stock-out of water purifier at any time	30	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers)

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. NGOs, that were selected and trained, continued to conduct outreach activities in the field.

HIV/AIDS/STI

1. During this quarter, PSI/ASF's sale agents continued carrying out visits to wholesalers and points of sale and extended these visits to rural areas, checking product availability and merchandising as well as verifying the respect of the price structure and informing new clients on site.

Maternal & Child Health, and Water and Sanitation

1. It was concluded by Hope Consulting, one of the subcontractors for this task order implementation, that no private organization would be willing to distribute this product because of its high unit cost (2.5\$) for the targeted population and the low profit margin for the private distributors. Thus, the initial strategy to spin it off in year 3 will not be possible. PSI/ASF wrote USAID to request that CDK's remaining stock be carried over to year 3 since the product was intended to be distributed only during the first 2 years of the project. USAID/DRC's response is still pending. 12,200 CDKs were produced during this quarter.

Task 3 Indicators: Situation as of end Q4 FY11

	INDICATORS	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	10	100	Achieved

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. PSI/ASF attended the July, August and September WATSAN cluster monthly meetings under UNICEF's lead. Cholera and Round One of the 2011 Pooled Fund funding were discussed. The WATSAN partners and some of the Pooled Fund donors' representatives (ECHO, UNDP) were present.
2. PSI/ASF organized and hosted a 3-day workshop with the MoH to discuss and provide comments (per the national policy) on the new Ora-Zinc, PUR, Aquatabs and Diarrhea communication campaign concept creation. MoH's feedback will be integrated by the advertizing agency. During the same workshop, the DTK providers' training curriculum designed and developed during Q2 was

presented to and discussed with the MoH, which provided its feedback. A nationwide workshop gathering the MoH representatives from all the provinces of DRC will be held during Q1 FY12 for its approval.

3. PSI/ASF held and hosted a meeting with Food for the Hungry (FH), an international NGO, on the implementation of the PUR project in Eastern DRC (Katanga and Sud-Kivu) by FH. PSI/ASF, will assist FH in implementing the project by leading following activities:
 - Procure 5.5 million sachets of PUR and ship them to Bukavu
 - Air existing radio spots for PUR promotion
 - Provide pamphlets for communication activities to be distributed by FH
 - Provide the training of trainers for 174 local community actors.
4. PSI/ASF attended 4 cholera outbreak follow-up meetings with the WATSAN-involved institutions under the MoH lead.
5. PSI/ASF attended the IMCI experience workshop in DRC organized by WHO in partnership with health sector NGOs and UN agencies.

Task 4 Indicator: Situation as of end Q4 FY11

	INDICATOR	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	93	98	105	Achieved

Research, Monitoring and Evaluation

HIV/AIDS/ST

1. Kinshasa and Bukavu's HIV TRaC results were sent to USAID.

III. Project Management

1. A USAID-PSI/ASF meeting was held on August 4th, 2011 at PSI/ASF's headquarters in Kinshasa to discuss follow-up of the IG audit recommendations and the recently submitted Q3 FY11 quarterly progress report. During the meeting, PSI/ASF explained the corrective measures already taken and proposed other measures to meet the audit recommendations.
2. During this quarter, two supervision missions were conducted in Kinshasa and Bas-Congo by the USAID/DRC Health Team. The first one, which took place in Kinshasa from August 17th to August 18th, 2011, was aimed at monitoring PSI/ASF's activities under the AIDSTAR project. During this mission, Dr. Mukaba (COTR) and Dr. Mayala (USAID/DRC FP/RH Specialist) visited two wholesalers and attended an awareness session with truckers at *Marché de la Liberté* (Liberty Market). This mission found that the wholesalers were managing their businesses satisfactorily and had a supply of PSI products.



The nurse trained by PSI/ASF in the *Confiance* network (first on the right), in Kinshasa, explains to Dr. Mukaba, COTR (standing in the center), and Dr. Mayala, USAID/DRC FP/RH Specialist (first on the left) the counseling procedure followed during a FP service delivery.

3. The second supervision mission, which took place in Bas-Congo Province, specifically in Matadi and Boma, from August 30th to September 3rd, 2011, was conducted by the USAID HIV Prevention & OVC specialist and the health officer. This team was joined by Dr. Diana Putman, USAID/DRC Mission Director. The supervision was aimed at evaluating the progress of USAID-funded activities implemented by ProVIC and PSI/ASF. The supervision team attended two awareness-raising sessions respectively with drivers in Boma and commercial sex workers in Matadi. The team noticed good adherence of commercial sex workers to VCT activities during the sessions. For future supervision activities, USAID recommended that PSI relocate activities with commercial sex workers to sites that are secure for peer educators. In addition, it was recommended that the outreach team better know and locate all VCT sites in Boma for the referral of people who are willing to be tested. Furthermore, during that mission, the supervision team visited PSI's warehouse in Matadi. This visit revealed that commodities are kept according to PSI's standards and the stock files are available and in good shape. PSI/ASF needs to improve tracking of the monthly product consumption.
Finally, the USAID team met with local health officials in order to get their points of view and suggestions concerning both USAID-funded projects implemented in Bas-Congo. These meetings helped identify the following good practices: getting the provincial health division involved in the training sessions organized by ProVIC and PSI and compliance by these USAID partners with the provincial Operational Action Plan 2011. Therefore, USAID recommended the duplication of these good practices in other provinces where its projects are being implemented.
4. In addition to monthly visits to partner clinics and pharmacies organized by PSI/ASF's local staff, joint supervisions with PNSR's provincial coordinations were made during this quarter to maintain the quality of service provided to the target group. These regular visits led to the segmentation of clinics in terms of providers' performance in caring for clients. This will help PSI/ASF develop a close monitoring plan for clinics with poor performance to be implemented in the next quarter.
5. In September, PSI/ASF's national office M&E Specialist made supervision trips to Sud-Kivu and Katanga provinces to monitor activities of the AIDSTAR Project. In these two provinces, he visited 17 clinics, 2 wholesalers and 2 warehouses where products are kept.

6. The *Confiance* products marketing plan is being finalized with an emphasis on marketing strategies in order to improve the quality of services, the quality of supervisions, the demand creation, the increase of modern contraception methods utilization rate, the promotion of long-term methods as a cost-efficient strategy, the expansion of the *Confiance* network with recruitment of new clinics and the distribution to *Confiance*-labeled pharmacies via wholesalers.
7. The PSI Child Survival Regional Technical Advisor visited PSI/ASF MCH/WATSAN program in late July 2011. During this technical assistance trip, the MCH/WATSAN products marketing plan was finalized, highlighting the new positioning of PUR in rural areas and Aquatabs in urban areas under the USAID-funded distribution and the PSI Child Survival strategic plan was revised pointing out the efficiency of integrated interventions around the child so as to reach a very high health impact.
8. In July 2011, PSI Executive Vice-President and Chief of Operations visited PSI/ASF to provide program and finance supervision including compliance with donors' requirements and monitoring of key achievements and deliverables. He visited the GDRC Health Minister, the First Secretary of the US Embassy and the Deputy Director of USAID/DRC Mission.
9. In September 2011, PSI/Washington provided technical assistance to the PSI/ASF FP program focusing on improving the distribution system through the *Confiance* network and developing the quality-assurance plan. In implementing the recommendations received through this technical support, work sessions have been held with the technical team of PNSR's National Direction to update the supervision checklist of clinics FP activities. The other recommendations, which are underway, aim at organizing a referral system for handling possible major complications related to the administration of contraceptive methods, experimenting in DRC the contraceptive technology about the post-partum insertion of IUD and emphasizing on long-term methods.
10. In September 2011, PSI/ASF's Social Marketing and Logistics Technical Advisor visited the PSI platform in Nigeria (SFH). The one-week visit permitted PSI/ASF to explore how SFH is organized and operates to achieve success in its complex environment (big size and high level of funding). Lessons learned that will be adapted to the DRC AIDSTAR project are: the organization of coverage area into coherent operational units, the possibility of doing more outsourcing of supply chain activities, the restructuring of sales force taking into consideration challenges and strengths faced by PSI/SFH Nigeria.

IV. Problems /Challenges faced during the reporting period

During the reporting period, the project faced these challenges:

1. The complete stock out of Oral Contraceptives (Duofem and Ovrette) and the long delay in the registration process of Combination 3 and Microlut limited clients' free and informed choice, one of the major FP principles, and prevented the AIDSTAR project from achieving oral contraceptives distribution and CYP targets.
2. The insufficient internal funding to produce CDK prevented the AIDSTAR project from achieving CDK distribution target.

3. The conclusion drawn by Hope Consulting that no private organization would be willing to distribute CDKs will not allow the project to spin this product off to a private company. Consequently, the distribution will stop during year 3 when the current stock will be distributed.
4. The pending waiver from USAID about Ora-Zinc delayed its launch.
5. It is anticipated that the stock out of Prudence male condoms will negatively impact on its fame in the market for distributors and consumers and incite consumers to adopt other brands. This stock out will dilute communication efforts which can be interpreted by consumers as false promise and reduce in short and midterm Prudence male condom market share.
6. The low capacity of local advertizing agencies to develop social marketing media campaigns delayed the production of high quality communication materials (radio/TV spots) in connection with the AIDSTAR logframes objectives.
7. The inability of local suppliers, selected after a transparent bidding process, to deliver the needed materials on time for the scaling up of communication and distribution activities to rural areas delayed the implementation of this strategy.

V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff is making available the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" in FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before their reaching the clinic incinerator, and it also generally contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

USAID's regulations for delivering FP service and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.

VII. Planned activities versus progress (table)

[illegible]

22.

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Targets					
	PRODUCTS	YEARS			
		1	2	3	4
HIV	Male Condoms	20,000,000	25,000,000	30,000,000	32,000,000
	Female Condoms	500,000	700,000	1,000,000	1,200,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000
	Depo-Provera (3-month)	100,000	200,000	200,000	250,000
	IUD	2,000	2,500	2,750	3,000
	Cycle Beads	4,000	6,000	6,000	6,200
	Implants	500	800	1,200	1,500
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0
	ORS+Zinc Diarrhea Treatment Kit	0	0	1,250,000	1,500,000
	PUR	1,000,000	2,000,000	2,000,000	2,000,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,100,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							
INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	30 000 000	32 000 000	107 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 000 000	1 200 000	3 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products.
4	Number of Diarrhea Treatment Kits containing 2 low-osmorality flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	1 250 000	1 500 000	2 750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Quantities for years 3 and 4 will be distributed by the private company to be identified, according to the work plan. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements
8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.

9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	1 200	1 500	4 000	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	155 825	190 650	590 299	Based on year 1 achievements, and expected family planning products availability.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	4 800	5 280	14 445	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 15% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	19 488	21 437	58 642	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	15 714	17 286	47 286	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	6 250	6 500	6 500	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 2, 3 and 4 targets have been updated, based on year 1 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	300 000	400 000	900 000	Year 2 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.
17	Number of media outlets including HIV/AIDS messages in their programs	0	48	20	15	48	Based on budget available. Each TV and radio station used for messages airing is considered as one media outlet, and is counted only once. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	1 800	1 350	23 310	Based on budget available. Special efforts will be made in year 2 because (1) no activities were carried on in year 1 due to budget constraints, (2) budget will be reduced in year 3 and 4, (3) year 2 is key to drive sustainable behavior change for following years.
19	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	Based on budget available.

20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	0	0	199	Dutch SALIN funded newly established <i>Confiance</i> clinics (30) and pharmacies (69) will be incorporated into the USG funded network in year 2. Additionally, New clinics (25) and pharmacies (75) will be integrated in <i>Confiance</i> network and supported with USG funding in year 2.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor. Indicator has been corrected, based on USAID's list of indicators..
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	Based on past achievements.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	100 000	125 000	225 000	Based on estimated quantities of product to be distributed.
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	Years 1 and 2 are based on current levels of distribution and existing service delivery points. In years 3 and 4, product will become commercially marketed by a private company. Additionnal market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	—	—	60%	40%	40%	Based on anticipated project efforts.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	1	0	1	Based on project work plan.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	8	2	20	Based on project work plan.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience on coordination.

IX.2- Inventory on hand: stock

The table below highlights PSI/ASF's current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products					MCH Products	WatSan Products	
	Prudence Male	Prudence Female	COC	POP	Injectable	IUD	Cycle Beads	DELIVRANS	PUR	AQUATABS
KINSHASA	-	131 970	-	-	126 527	-	97 999	9 237	5 070 241	7 127 186
KATANGA	-	-	-	-	-	75	-	135	756 960	222 720
BAS CONGO	633 825	-	-	-	9 130	-	549	829	139 680	90 944
SUD KIVU	120 960	23 760	-	-	2 719	4	-	1 659	258 960	758 517
NORD KIVU	-	-	-	-	-	-	-	-	-	-
PROVINCE ORIENTALE	676 800	10 800	-	-	7 840	103	253	149	314 976	141 816
EQUATEUR	506 301	10 400	-	-	-	158	-	-	581 520	635 408
KASAI OCCIDENTAL	228 326	15 600	-	-	2 504	8	-	-	95 040	340 768
KASAI ORIENTAL	994 140	30 310	10	-	6 380	255	-	840	111 444	42 952
MANIEMA	-	-	-	-	-	-	-	-	-	-
TOTAL	3 160 352	222 840	10	-	155 100	603	98 801	12 849	7 328 821	9 360 311

IX.3- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MoH	: Ministry of Health
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
ProVIC	: Projet de lutte contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously

TV	: Television
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: Western and Central Africa